Drop-In List				
Ledger				
Admin. Use Only				

KIDS' CLUB 2022-2023 School Year Drop-In Request Form

CHILD'S NAME:			_ GRADE:
CHECK ONE:	ol (\$15/day)	☐ After School (\$3	35/day)
DROP-IN DATES FOR MY CHIL	D (as confirmed	with Kids' Club) ARE:	
Mark your payment method:			
Mark your payment method:			
I will auto-pay for the drop-in with Kids' Club. (Please fill in			
Credit Card #:	-	·	• •
I will pay for the drop-in date(s) listed above wi	th a check made payable to	o "Town of Bedford".
DROP-IN POLICY: PLEASE	READ		
Request drop-in care to sched		infrequent date for your child t	o attend Kids' Club.
 Your child must be a registere 	ed member of Kids'	Club to be eligible for drop-in o	care.
Contact Kids' Club <u>before</u> the	date you want your	child to drop in to confirm that	t we have space available.
 Once space is confirmed, pleakidsclub@bedfordma.gov or deposition of the policy of the	leliver to the Kids' C	Club office to secure your child	's space. (Please send as a
 <u>Do not</u> submit this form before For example, to drop-in your or 		3 1 1 7 3	
 Upon our receipt of this form, listed above is due. 	your child is schedu	ıled as requested and your pa	yment of the drop-in date(s)
IMPORTANT: You must notify your child's co		ol of all scheduled <u>after schoo</u> to Kids' Club when school is o	
DROP-IN RATES			
Before School	\$15/day		
After School	\$35/day		

Date: _____

Parent Signature: _____